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# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

**2011**

Department of the Treasury  
Internal Revenue Service

For calendar year 2011 or other tax year beginning **OCT 1, 2011** and ending **SEP 30, 2012**

Open to Public Inspection for 501(c)(3) Organizations Only

|   |  |  |
|---|--|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> <p><b>C</b> Book value of all assets at end of year<br/><b>64514533.</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions)<br/><b>55-0422958</b></p> <p><b>E</b> Unrelated business activity codes (See instructions)<br/><b>900002</b></p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/><b>STONEWALL JACKSON MEMORIAL HOSPITAL COMPANY</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/><b>230 Hospital Plaza</b></p> <p>City or town, state, and ZIP code<br/><b>WESTON, WV 26452</b></p> <p><b>F</b> Group exemption number (See instructions.)</p> <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|---|--|--|

**H** Describe the organization's primary unrelated business activity. **See Statement 1**

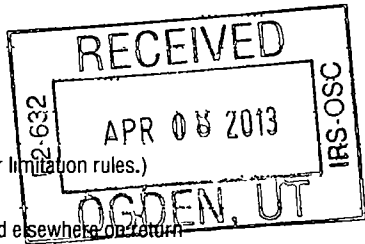
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **Dodie Arbogast** Telephone number **304-269-8050**

| Part I Unrelated Trade or Business Income   | (A) Income       | (B) Expenses | (C) Net |
|---|------------------|--------------|---------|
| <b>1a</b> Gross receipts or sales   |                  |              |         |
| <b>b</b> Less returns and allowances <b>c</b> Balance                                     | <b>1c</b>        |              |         |
| <b>2</b> Cost of goods sold (Schedule A, line 7)  | <b>2</b>         |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c                                       | <b>3</b>         |              |         |
| <b>4a</b> Capital gain net income (attach Schedule D)                                     | <b>4a</b>        |              |         |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | <b>4b</b>        |              |         |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b>        |              |         |
| <b>5</b> Income (loss) from partnerships and S corporations (attach statement)            | <b>5</b>         |              |         |
| <b>6</b> Rent income (Schedule C)   | <b>6</b>         |              |         |
| <b>7</b> Unrelated debt-financed income (Schedule E)                                      | <b>7</b>         |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | <b>8</b>         |              |         |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | <b>9</b>         |              |         |
| <b>10</b> Exploited exempt activity income (Schedule I)                                   | <b>10</b>        |              |         |
| <b>11</b> Advertising income (Schedule J)   | <b>11</b>        |              |         |
| <b>12</b> Other income (See instructions; attach schedule.) <b>Statement 2</b>            | <b>12</b> 7,200. |              | 7,200.  |
| <b>13 Total.</b> Combine lines 3 through 12   | <b>13</b> 7,200. |              | 7,200.  |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income)

|  |                  |                   |
|--|------------------|-------------------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)   | <b>14</b>        |                   |
| <b>15</b> Salaries and wages   | <b>15</b>        |                   |
| <b>16</b> Repairs and maintenance  | <b>16</b>        |                   |
| <b>17</b> Bad debts  | <b>17</b>        |                   |
| <b>18</b> Interest (attach schedule)   | <b>18</b>        |                   |
| <b>19</b> Taxes and licenses   | <b>19</b>        |                   |
| <b>20</b> Charitable contributions (See instructions for limitation rules.)  | <b>20</b>        |                   |
| <b>21</b> Depreciation (attach Form 4562)  | <b>21</b> 5,851. |                   |
| <b>22</b> Less depreciation claimed on Schedule A and elsewhere on return  | <b>22a</b>       | <b>22b</b> 5,851. |
| <b>23</b> Depletion  | <b>23</b>        |                   |
| <b>24</b> Contributions to deferred compensation plans   | <b>24</b>        |                   |
| <b>25</b> Employee benefit programs  | <b>25</b>        |                   |
| <b>26</b> Excess exempt expenses (Schedule I)  | <b>26</b>        |                   |
| <b>27</b> Excess readership costs (Schedule J)   | <b>27</b>        |                   |
| <b>28</b> Other deductions (attach schedule)   | <b>28</b>        |                   |
| <b>29 Total deductions.</b> Add lines 14 through 28  | <b>29</b>        | 5,851.            |
| <b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                       | <b>30</b>        | 1,349.            |
| <b>31</b> Net operating loss deduction (limited to the amount on line 30)  | <b>31</b>        |                   |
| <b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30   | <b>32</b>        | 1,349.            |
| <b>33</b> Specific deduction (Generally \$1,000, but see instructions for exceptions.)   | <b>33</b>        | 1,000.            |
| <b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32 | <b>34</b>        | 349.              |



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4

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**Part III Tax Computation**

|   |            |            |
|---|------------|------------|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:<br><b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ <u>50,000.</u> (2) \$ <u>25,000.</u> (3) \$ <u>9,925,000.</u><br><b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____<br><b>c</b> Income tax on the amount on line 34 <b>See Statement 3</b> | <b>35c</b> | <b>52.</b> |
| <b>36 Trusts Taxable at Trust Rates</b> See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)  | <b>36</b>  |            |
| <b>37 Proxy tax.</b> See instructions   | <b>37</b>  |            |
| <b>38 Alternative minimum tax</b>   | <b>38</b>  |            |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies   | <b>39</b>  | <b>52.</b> |

**Part IV Tax and Payments**

|  |            |               |
|--|------------|---------------|
| <b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | <b>40a</b> |               |
| <b>b</b> Other credits (see instructions)  | <b>40b</b> |               |
| <b>c</b> General business credit. Attach Form 3800   | <b>40c</b> |               |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)  | <b>40d</b> |               |
| <b>e Total credits.</b> Add lines 40a through 40d  | <b>40e</b> |               |
| <b>41</b> Subtract line 40e from line 39   | <b>41</b>  | <b>52.</b>    |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | <b>42</b>  |               |
| <b>43 Total tax.</b> Add lines 41 and 42   | <b>43</b>  | <b>52.</b>    |
| <b>44a</b> Payments: A 2010 overpayment credited to 2011   | <b>44a</b> |               |
| <b>b</b> 2011 estimated tax payments   | <b>44b</b> | <b>1,720.</b> |
| <b>c</b> Tax deposited with Form 8868  | <b>44c</b> |               |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)  | <b>44d</b> |               |
| <b>e</b> Backup withholding (see instructions)   | <b>44e</b> |               |
| <b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)  | <b>44f</b> |               |
| <b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total <b>▶</b>   | <b>44g</b> |               |
| <b>45 Total payments.</b> Add lines 44a through 44g  | <b>45</b>  | <b>1,720.</b> |
| <b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | <b>46</b>  |               |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed <b>▶</b>  | <b>47</b>  |               |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid <b>▶</b>  | <b>48</b>  | <b>1,668.</b> |
| <b>49</b> Enter the amount of line 48 you want: <b>Credited to 2012 estimated tax</b> <u>100.</u> <b>Refunded</b> <b>▶</b>   | <b>49</b>  | <b>1,568.</b> |

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

|  |     |          |
|--|-----|----------|
| <b>1</b> At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>▶</b> | Yes | No       |
| <b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file  |     | <b>X</b> |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> \$   |     | <b>X</b> |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **▶** N/A

|   |           |  |   |          |    |
|---|-----------|--|---|----------|----|
| <b>1</b> Inventory at beginning of year       | <b>1</b>  |  | <b>6</b> Inventory at end of year   | <b>6</b> |    |
| <b>2</b> Purchases                            | <b>2</b>  |  | <b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                           | <b>7</b> |    |
| <b>3</b> Cost of labor                        | <b>3</b>  |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes      | No |
| <b>4a</b> Additional section 263A costs       | <b>4a</b> |  |   |          |    |
| <b>b</b> Other costs (attach schedule)        | <b>4b</b> |  |   |          |    |
| <b>5</b> <b>Total.</b> Add lines 1 through 4b | <b>5</b>  |  |   |          |    |

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Signature of officer:** [Signature] **Date:** 14/4/13 **Title:** CFO

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: Dale Carpenter Preparer's signature: [Signature] Date: 3/21/13 Check  if self-employed PTIN: P00189642

Firm's name **▶** Arnett Foster Toothman PLLC Firm's EIN **▶** 55-0486667

Firm's address **▶** P. O. Box 2629 Charleston, WV 25329 Phone no (304) 346-0441

STONEWALL JACKSON MEMORIAL HOSPITAL

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** **(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property | 2. Gross income from or allocable to debt-financed property | 3. Deductions directly connected with or allocable to debt-financed property |  |
|--|---|--|--|
|  |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule) |
| (1)                                      |   |  |  |
| (2)                                      |   |  |  |
| (3)                                      |   |  |  |
| (4)                                      |   |  |  |

| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5 | 7. Gross income reportable (column 2 x column 6) | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|---|---|---------------------------------|--|---|
| (1)   |   | %                               |  |   |
| (2)   |   | %                               |  |   |
| (3)   |   | %                               |  |   |
| (4)   |   | %                               |  |   |

**Totals** Enter here and on page 1, Part I, line 7, column (A) **0.** Enter here and on page 1, Part I, line 7, column (B) **0.**  
**Total dividends-received deductions** included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

Nonexempt Controlled Organizations

| 7. Taxable income | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
|-------------------|---|-------------------------------------|--|--|
| (1)               |   |                                     |  |  |
| (2)               |   |                                     |  |  |
| (3)               |   |                                     |  |  |
| (4)               |   |                                     |  |  |

**Totals** Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) **0.** Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B) **0.**

STONEWALL JACKSON MEMORIAL HOSPITAL

Form 990-T (2011) COMPANY

55-0422958

Page 4

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule) | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col 3 plus col 4) |
|--------------------------|---------------------|--|---------------------------------|---|
| (1)                      |                     |  |                                 |   |
| (2)                      |                     |  |                                 |   |
| (3)                      |                     |  |                                 |   |
| (4)                      |                     |  |                                 |   |
| <b>Totals</b>            | 0.                  |  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7 | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
|--------------------------------------|---|---|---|---|--------------------------------------|---|
| (1)                                  |   |   |   |   |                                      |   |
| (2)                                  |   |   |   |   |                                      |   |
| (3)                                  |   |   |   |   |                                      |   |
| (4)                                  |   |   |   |   |                                      |   |
| <b>Totals</b>                        | 0.  | 0.  |   |   |                                      | 0.  |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1. Name of periodical                      | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|--|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1)  |                             |                             |   |                       |                     |  |
| (2)  |                             |                             |   |                       |                     |  |
| (3)  |                             |                             |   |                       |                     |  |
| (4)  |                             |                             |   |                       |                     |  |
| <b>Totals (carry to Part II, line (5))</b> | 0.                          | 0.                          |   |                       |                     | 0.   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical              | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|------------------------------------|-----------------------------|-----------------------------|---|-----------------------|---------------------|--|
| (1)                                |                             |                             |   |                       |                     |  |
| (2)                                |                             |                             |   |                       |                     |  |
| (3)                                |                             |                             |   |                       |                     |  |
| (4)                                |                             |                             |   |                       |                     |  |
| <b>(5) Totals from Part I</b>      | 0.                          | 0.                          |   |                       |                     | 0.   |
| <b>Totals, Part II (lines 1-5)</b> | 0.                          | 0.                          |   |                       |                     | 0.   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total. Enter here and on page 1, Part II, line 14</b> |          |  | 0.   |

**Depreciation and Amortization 990-T**  
 (Including Information on Listed Property)

**2011**

Attachment  
 Sequence No 179

▶ See separate instructions. ▶ Attach to your tax return.

|   |   |   |
|---|---|---|
| Name(s) shown on return<br><b>STONEWALL JACKSON MEMORIAL HOSPITAL COMPANY</b> | Business or activity to which this form relates<br><b>Form 990-T Page 1</b> | Identifying number<br><b>55-0422958</b> |
|---|---|---|

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I

|  |    |            |
|--|----|------------|
| 1 Maximum amount (see instructions)  | 1  | 500,000.   |
| 2 Total cost of section 179 property placed in service (see instructions)  | 2  |            |
| 3 Threshold cost of section 179 property before reduction in limitation  | 3  | 2,000,000. |
| 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-  | 4  |            |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5  |            |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost  |    |            |
|  |    |            |
|  |    |            |
|  |    |            |
| 7 Listed property. Enter the amount from line 29   | 7  |            |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7  | 8  |            |
| 9 Tentative deduction Enter the smaller of line 5 or line 8  | 9  |            |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562   | 10 |            |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5  | 11 |            |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11  | 12 |            |
| 13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12  | 13 |            |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)**

|   |    |        |
|---|----|--------|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 |        |
| 15 Property subject to section 168(f)(1) election   | 15 |        |
| 16 Other depreciation (including ACRS)  | 16 | 5,851. |

**Part III MACRS Depreciation (Do not include listed property.) (See instructions)**

**Section A**

|   |    |  |
|---|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011   | 17 |  |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> |    |  |

**Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a 3-year property            |                                      |  |                     |                |            |                            |
| b 5-year property              |                                      |  |                     |                |            |                            |
| c 7-year property              |                                      |  |                     |                |            |                            |
| d 10-year property             |                                      |  |                     |                |            |                            |
| e 15-year property             |                                      |  |                     |                |            |                            |
| f 20-year property             |                                      |  |                     |                |            |                            |
| g 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| h Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| i Nonresidential real property | /                                    |  | 39 yrs              | MM             | S/L        |                            |
|                                | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

|                |   |  |        |    |     |  |
|----------------|---|--|--------|----|-----|--|
| 20a Class life |   |  |        |    | S/L |  |
| b 12-year      |   |  | 12 yrs |    | S/L |  |
| c 40-year      | / |  | 40 yrs | MM | S/L |  |

**Part IV Summary (See instructions)**

|   |    |        |
|---|----|--------|
| 21 Listed property. Enter amount from line 28   | 21 |        |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. | 22 | 5,851. |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | 23 |        |

**STONEWALL JACKSON MEMORIAL HOSPITAL  
COMPANY**

Form 4562 (2011)

55-0422958 Page 2

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

| <b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                               |  |                               |  |                           |                              |                                  | <b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |           |  |  |  |
|---|-------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|--|--|-----------|--|--|--|
| (a)<br>Type of property<br>(list vehicles first)  | (b)<br>Date placed in service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost  |  |           |  |  |  |
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use |                               |  |                               |  |                           |                              |                                  | <b>25</b>  |  |           |  |  |  |
| <b>26</b> Property used more than 50% in a qualified business use   |                               |  |                               |  |                           |                              |                                  |  |  |           |  |  |  |
|   |                               | %  |                               |  |                           |                              |                                  |  |  |           |  |  |  |
| <b>27</b> Property used 50% or less in a qualified business use.  |                               |  |                               |  |                           |                              |                                  |  |  |           |  |  |  |
|   |                               | %  |                               |  |                           | S/L -                        |                                  |  |  |           |  |  |  |
|   |                               | %  |                               |  |                           | S/L -                        |                                  |  |  |           |  |  |  |
|   |                               | %  |                               |  |                           | S/L -                        |                                  |  |  |           |  |  |  |
| <b>28</b> Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1  |                               |  |                               |  |                           |                              |                                  | <b>28</b>  |  |           |  |  |  |
| <b>29</b> Add amounts in column (i), line 26 Enter here and on line 7, page 1   |                               |  |                               |  |                           |                              |                                  |  |  | <b>29</b> |  |  |  |

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person  
 If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

| 30 Total business/investment miles driven during the year (do not include commuting miles) | (a)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>Vehicle |    |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
|  | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| 31 Total commuting miles driven during the year  |                |    |                |    |                |    |                |    |                |    |                |    |
| 32 Total other personal (noncommuting) miles driven  |                |    |                |    |                |    |                |    |                |    |                |    |
| 33 Total miles driven during the year<br>Add lines 30 through 32                           |                |    |                |    |                |    |                |    |                |    |                |    |
| 34 Was the vehicle available for personal use during off-duty hours?                       |                |    |                |    |                |    |                |    |                |    |                |    |
| 35 Was the vehicle used primarily by a more than 5% owner or related person?               |                |    |                |    |                |    |                |    |                |    |                |    |
| 36 Is another vehicle available for personal use?  |                |    |                |    |                |    |                |    |                |    |                |    |

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

|   |     |    |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | Yes | No |
| 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners |     |    |
| 39 Do you treat all use of vehicles by employees as personal use?   |     |    |
| 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use?  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

**Part VI Amortization**

| (a)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2011 tax year               |                                 |                           |                     |  |                                   |
|   |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2011 tax year                |                                 |                           |                     |  | <b>43</b>                         |
| <b>44</b> Total. Add amounts in column (f) See the instructions for where to report |                                 |                           |                     |  | <b>44</b>                         |





| Form 990-T | Tax Computation   | Statement | 3         |
|------------|---|-----------|-----------|
| 1.         | Taxable Income . . . . .                                    | 349       |           |
| 2.         | Lesser of Line 1 or First Bracket Amount .                  | 349       |           |
| 3.         | Line 1 Less Line 2 . . . . .                                | 0         |           |
| 4.         | Lesser of Line 3 or Second Bracket Amount .                 | 0         |           |
| 5.         | Line 3 Less Line 4 . . . . .                                | 0         |           |
| 6.         | Income Subject to 34% Tax Rate . . . . .                    | 0         |           |
| 7.         | Income Subject to 35% Tax Rate . . . . .                    | 0         |           |
| 8.         | 15 Percent of Line 2 . . . . .                              | 52        |           |
| 9.         | 25 Percent of Line 4 . . . . .                              | 0         |           |
| 10.        | 34 Percent of Line 6 . . . . .                              | 0         |           |
| 11.        | 35 Percent of Line 7 . . . . .                              | 0         |           |
| 12.        | Additional 5% Surtax. . . . .                               | 0         |           |
| 13.        | Additional 3% Surtax . . . . .                              | 0         |           |
| 14.        | Total of lines 8 through 13 to Form 990-T, Page 2, Line 35c |           | <u>52</u> |

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

01911-0001

you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box    
 if you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

**Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|               |  |  |
|---------------|--|--|
| Type or print | Name of exempt organization or other filer, see instructions<br><b>STONEWALL JACKSON MEMORIAL HOSPITAL COMPANY</b> | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>55-0422958</b> |
|               | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>230 Hospital Plaza</b>                | Social security number (SSN)<br><input type="checkbox"/>   |
|               | City, town or post office, state, and ZIP code. For a foreign address, see instructions<br><b>WESTON, WV 26452</b> |  |

Enter the Return code for the return that this application is for (file a separate application for each return) 07

| Application Is For                      | Return Code | Application Is For       | Return Code |
|---|-------------|--------------------------|-------------|
| Form 990                                | 01          | Form 990-T (corporation) | 07          |
| Form 990-BL                             | 02          | Form 1041-A              | 08          |
| Form 990-EZ                             | 01          | Form 4720                | 09          |
| Form 990-PF                             | 04          | Form 5227                | 10          |
| Form 990-T (sec 401(a) or 408(a) trust) | 05          | Form 6069                | 11          |
| Form 990-T (trust other than above)     | 06          | Form 8870                | 12          |

**Dodie Arbogast**

- The books are in the care of ▶ **230 Hospital Plaza - Weston, WV 26452-8558**  
Telephone No ▶ **304-269-8050** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15, 2013**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

2 If the tax year entered in line 1 is for less than 12 months, check reason  Initial return  Final return  
 Change in accounting period

|  |           |    |               |
|--|-----------|----|---------------|
| <b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions                                    | <b>3a</b> | \$ | <b>52.</b>    |
| <b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | <b>1,720.</b> |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | <b>0.</b>     |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

*Handwritten signature and date: 1/25/13*